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BIENNIAL REPORT

DIVISION OF TUBERCULOSIS CONTROL

PENNSYLVANIA DEPARTMENT OF HEALTH

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## BIENNIAL REPORT

### DIVISION OF TUBERCULOSIS CONTROL

1960-1962

#### I. General

In Pennsylvania tuberculosis continues to claim more deaths annually than all other communicable diseases combined except for the pneumonia and influenza group. During the year 1961 there were 866 tuberculosis deaths and 5,320 newly reported cases. Of these new cases, 3,732 were classified as having active or probably active disease. At any one time during the year there were an estimated 20,000 tuberculosis patients under the supervision of state and local health departments, hospitals, clinics and private physicians. These are patients known to be in need of public health supervision and include approximately 12,000 active and 8,000 inactive cases with significant disease. There are also an indeterminate number of others with inactive tuberculosis, estimated at 50,000 to 55,000 who are in need of periodic examinations and medical supervision to prevent relapse. A comparative table showing reported tuberculosis cases and deaths for 1957 through 1961 is attached. (Table #1)

The Pennsylvania state tuberculosis hospitals are an important part of the tuberculosis control program of the Commonwealth. The closing of several county and private tuberculosis hospitals and reduction of beds in others during the past few years, as well as one state tuberculosis hospital, have contributed to the continued need for hospital beds in the remaining four state tuberculosis hospitals. Experience still indicates that the majority of patients admitted to tuberculosis hospitals are among the older age groups, and a high percentage of them have far advanced disease and many other chronic diseases frequently resulting in the need for longer hospitalization. Therefore, the premature closing of any additional tuberculosis hospitals or sanatoria would be carefully considered. (Table #2)

The State tuberculosis clinics continue to play a vital role in the tuberculosis control programs. On June 30, 1962, there were 81 of these clinics in operation with a total of 40,433 persons enrolled. Of this number, 7,425 were diagnosed tuberculosis cases. During the period of this report, one state tuberculosis clinic in Jefferson County was closed, its functions being absorbed by another clinic in the same county. Approximately 72,000 home and clinic visits were recorded each year during 1960 and 1961.



In addition to the usual role of examination and supervision of diagnosed cases and contacts, other major activities of the clinics included the out-patient chemotherapy and chemoprophylaxis projects. These projects have been greatly expanded. The total number of cases under chemotherapy has increased from approximately 2,250 cases in 1960 to 3,369 at the end of June, 1962. Of this number, 1,203 are receiving isoniazid chemoprophylaxis. The majority of patients included in the isoniazid chemoprophylaxis project are tuberculin positive children under fourteen years of age who have been in contact with a known active case of tuberculosis. No cases of active clinical tuberculosis have developed among the individuals enrolled in the isoniazid chemoprophylaxis project.

The national recommendations for changes in tuberculosis control policies were considered at length during 1960 by a study committee appointed by the Secretary of Health. The committee agreed with the national deliberations indicating a shift in emphasis of tuberculosis control activities. It was conceived that the goal should and must now be the total eradication of tuberculous infection and the tubercle bacillus itself. The recommendations of the Pennsylvania committee included intensification of programs in casefinding, case reporting, treatment, rehabilitation, research and education. These recommendations were embodied in a Tuberculosis Control Policy Statement issued in June, 1961. Important goals included in the Policy Statement were (1) Decline of the new active tuberculosis case rate to 10.0, or less, per 100,000 population by 1970, and (2) A tuberculin reactivity rate of not more than 1% among 14-year-olds by 1970.

As a part of the overall tuberculosis control activities, tuberculin testing of school children and school employees has been emphasized. A review of the tuberculin tests accomplished in these groups for the period of 1957 through 1960 shows an average reactor rate of approximately 1.8% for school children and a rate of 20.0-25.0% for school employees in the initial groups tested. The reactor rates for the associates of those who were tuberculin positive in the initial groups were consistently higher for both the school children and school employees. The Guide for Tuberculin Testing in Pennsylvania, which was published in 1957, was brought up-to-date by the publication of the 1961 Supplement. Tuberculin testing among all school children is being actively continued throughout the state.

Closer evaluation of the X-ray survey program has been accomplished by utilizing a weighted average of case and death rates in determining priorities for areas which require the greatest survey coverage. In addition to concentrating on counties where the greatest tuberculosis problem exists, emphasis is also placed on high-yield groups and communities within cities and counties.

## II. Program Condition

Early in 1961 representatives of the Pennsylvania Health Survey team reviewed the tuberculosis control program. Their recommendations included strengthening the hospital and central office staffs, improvement in hospital laboratory



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facilities, expansion of tuberculosis case registers, and modification of the School Health Law to eliminate the legal requirement for a chest X-ray of high school students. Action to carry out these and other recommendations of the Survey team has been initiated insofar as feasible. In December, 1961 the Secretary of Health recommended to all school administrators that the tuberculin test be substituted for the mandatory chest X-ray in high schools.

In February of 1962, the new 250-bed Henry R. Landis State Hospital, in Philadelphia, was completed. This hospital is equipped to provide the most modern care and treatment for tuberculosis patients. A new wing to the building is being planned to provide an additional 250 beds and will include facilities for research in tuberculosis and other chronic diseases of the chest.

Other areas of progress and expansion of the tuberculosis control program toward the goal of eradication of the disease include the initiation of a system of greater selectivity and more rapid reporting of X-ray surveys, expansion of the chemoprophylaxis program, and intensification of tuberculosis control activities in the state mental and penal institutions, nursing homes and homes for the aged.

Although tuberculosis deaths and new cases are important indices in tuberculosis control, they represent only a part of the problem. The chronic nature of the disease requires long-term and expensive treatment. Extended supervision of cases and suspects is also required. The total number of known tuberculous persons in need of public health supervision is increasing. These facts all emphasize the continuing importance of tuberculosis as a public health and a community health problem.

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TABLE #1

## Reported Tuberculosis Cases and Deaths 1957-1961

Year	Reported Cases				Deaths	
	<u>Total Cases</u>		<u>Active and Probably Active</u>		Number	Rate*
	Number	Rate*	Number	Rate*		
1957	7,141	64.0	4,947	44.5	1,026	9.2
1958	7,115	64.1	4,810	43.3	1,016	9.2
1959	5,801	51.2	3,930	34.7	980	8.7
1960	5,329	47.1	3,707	32.0	902	8.0
1961	5,320	46.4	3,732	32.5	866	7.6

\*Rate per 100,000 population



ADMISSIONS, STAGE OF DISEASE, AVERAGE AGE AND AVERAGE DAYS HOSPITALIZED -  
PATIENTS DISCHARGED FROM STATE TUBERCULOSIS HOSPITALS - 1960 and 1961

1960 Hospital	Admissions	Far Adv. No.	Far Adv. %	Mod. Adv. No.	Mod. Adv. %	Minimal No.	Minimal %	Other* No.	Other* %	Average Age All Admissions	Average Days Hospitalized All Discharges
Dixon	965	495	51.6	232	25.6	63	6.9	115	12.7	46.3	342**
Flick	516	221	42.8	152	29.4	28	5.4	115	22.2	41.1	330
Landis	351	236	76.2	72	20.5	19	5.4	24	6.8	47.9	187#
Marcy	474	292	61.6	65	13.7	51	10.7	66	13.9	51.8	306
Total	2,246	1,244	55.3	521	23.1	161	7.1	320	14.2	48.4	291
1961 Hospital											
Dixon	891	450	50.5	213	23.9	89	9.9	139	15.6	45.8	352**
Flick	502	233	46.4	130	25.8	21	4.2	118	23.5	53.5	261
Landis	363	220	60.5	110	30.3	19	5.2	14	3.8	47.3	191#
Marcy	445	293	65.8	67	15.0	39	8.7	46	10.3	49.8	283
Total	2,201	1,196	54.3	520	23.6	168	7.5	317	14.4	48.6	272

\*Other includes miliary, primary, observation, pulmonary effusion, tuberculous meningitis, tuberculosilicosis, diagnosis deferred or undetermined, etc.

\*\*The average days hospitalized - all discharges - refers to adult patients only. The average days hospitalized for children discharged was 246 in 1960 and 277 in 1961.

#Because of the shortage of available beds at the Landis Hospital, many patients were transferred from Landis to the Dixon Hospital for completion of their hospital care.

